

**PART B - FEE(S) TRANSMITTAL**

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, Virginia 22313-1450**  
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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7590 04/04/2006

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 Convergent Technology Patent Law Group  
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04/24/2006 RHEBRAH1 00000108 10727734

01 FC:2501 700.00 OP  
 02 FC:1504 300.00 OP



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 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Kristina Bolcar	(Depositor's name)
<i>Kristina Bolcar</i>	(Signature)
4-20-2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/727,734	12/04/2003	Jane F. Koretz	NPA 100408-001	7208

TITLE OF INVENTION: APPARATUS AND METHOD FOR ACCOMMODATIVE STIMULATION OF AN EYE AND SIMULTANEOUS IPSILATERAL ACCOMMODATIVE IMAGING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	07/05/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
SANDERS JR, JOHN R	3735	351-206000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list  
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. *Sander Rabin, MD JD*  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

*RENSSELAER POLYTECHNIC INSTITUTE, TROY, NEW YORK*

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

**4a. The following fee(s) are enclosed:**

☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☐ Advance Order - # of Copies \_\_\_\_\_

**4b. Payment of Fee(s):**

☒ A check in the amount of the fee(s) is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 603033 (enclose an extra copy of this form).

**5. Change in Entity Status (from status indicated above)**

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature *Sander Rabin*  
 Typed or printed name SANDER RABIN

Date 04.20.2006  
 Registration No. 53,498

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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April 19, 2006

Commissioner of Patents  
Box 1450  
Alexandria, VA 22313-1450


**Re: United States Nonprovisional Patent Application**

**Title: APPARATUS AND METHOD FOR ACCOMMODATIVE STIMULATION OF  
AN EYE AND SIMULTANEOUS IPSILATERAL ACCOMMODATIVE IMAGING  
US Serial No. 10/727,734  
WOH Docket No. 100408.001**

Dear Sir:

Enclosed is an executed PART B- FEE(S) TRANSMITTAL FORM together with a check for \$1,000.00 payable to the Commissioner of Patents and accompanying papers to transmit the Issue Fee and Publication Fee in this matter.

Yours truly,

  
Sander Rabin, MD JD

Enc.

**CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)**

Applicant(s):

Docket No.

NPA 100408-001

Serial No.

10/727,734

APR 20 2006

Filing Date

12/04/2003

Examiner

Sanders Jr., John R.

Group Art Unit

3735

Invention:

APPARATUS AND METHOD FOR ACCOMMODATIVE STIMULATION OF AN EYE AND  
SIMULTANEOUS IPSILATERAL ACCOMMODATIVE IMAGING

I hereby certify that the following correspondence:

**PART B - FEE(S) TRANSMITTAL AND ACCOMPANYING PAPERWORK***(Identify type of correspondence)*

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April 20, 2006*(Date)*Kristina Bolcar*(Typed or Printed Name of Person Mailing Correspondence)*Kristina Bolcar*(Signature of Person Mailing Correspondence)*EE470770576US*("Express Mail" Mailing Label Number)***Note: Each paper must have its own certificate of mailing.**